

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE
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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/					
4		/				
5	/					
6		/				
7	/					
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46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	40					
TOTAL CLAIMS	45					

*	*	*			
IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
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96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS